

HEALTH STATEMENT / INSURANCE VERIFICATION AND PARENT CONSENT TO PARTICIPATE

Student Name _____ Birthdate _____ School: CCPA
(Last) (First)

PHYSICIAN TO COMPLETE I hereby certify that the above named student is physically fit to engage in sports.

(Print) (Physician Signature) (Date)

(Title) (State License)

Has the student had any injury or physical condition that should be watched? _____

If yes, please list _____

Fall SPORT _____

Winter SPORT _____

Spring SPORT _____

PARENT TO COMPLETE If your student has health or accident insurance, other than the Athletic Student Accident Insurance, list company name, policy number, and local claims address and phone number:

(Company Name) (Policy Number)
OR (check below)

I have opted for coverage by OUSD Blanket Insurance

I hereby give my consent for the above named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment. I understand my obligation (Education Code Sections 32220 and 32221) to provide medical and hospital insurance in the amount of at least \$5,000 and certify that I have done so. In the event the medical and hospital insurance should lapse or change I agree to notify the school immediately.

I hereby acknowledge consent of the Opioid Fact Sheet for Patients (Education Code Section 49476).

(Date) (Signature of Parent or Guardian) (Emergency Phone Number)
(BLUE OR BLACK INK) ***A DUPLICATE OF THIS CARD IS ON FILE IN THE ATHLETIC OFFICE***